


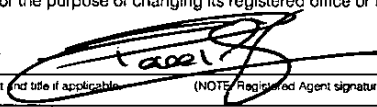
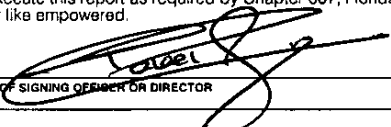
2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 AUG -4 AM 8:19



07282005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000020062					
1. Entity Name PROPERTY REAL ESTATE, INC.					
Principal Place of Business 9600 SW 8TH ST., STE. 24 MIAMI, FL 33174 US			Mailing Address 9600 SW 8TH ST., STE. 24 MIAMI, FL 33174 US		
2. Principal Place of Business 9600 SW 8TH ST		3. Mailing Address 9600 SW 8TH ST			
Suite, Apt. #, etc. STE 8		Suite, Apt. #, etc. STE 8			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33174	Country USA	Zip 33174	Country USA	4. FEI Number 02-0549438	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, ROBERT W ESQ 2121 PONCE DE LEON BLVD., STE. 1035 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name PUIG, RENE A Street Address (P.O. Box Number is Not Acceptable) 9600 SW 8TH ST STE 8 City MIAMI FL Zip Code 33174		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>RENE PUIG, PST</u>  DATE <u>7/28/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PUIG, RENE A 9600 SW 8TH ST., STE. 24 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PUIG, RENE A 9600 SW 8TH ST., STE 8 MIAMI, FL 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800058485388 08/11/05--01050--002 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>RENE PUIG, PST</u> 			7/28/05 (305) 225-3252 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					